MEDI-CAL UPDATE

Part 2
Billing and Policy
www.medi-cal.ca.gov

Allied Health • Orthotics and Prosthetics

July 2006 • Bulletin 369

Contents

Diabetic Shoes and Inserts Policy Update

Effective retroactively to dates of service on or after April 1, 2006, the policy limitations for therapeutic diabetic shoe and insert codes have been modified to allow up to the following quantities:

HCPCS Code	Frequency Limitation
A5500	Three pairs of shoes (two off-the-shelf and one custom-made) per year, same recipient, any provider.
A5501	Three pairs of shoes (two off-the-shelf and one custom-made) per year, same recipient, any provider.
A5512	Three pairs per year, same recipient, any provider
A5513	Three pairs per year, same recipient, any provider

Codes A5500, A5501, A5512 and A5513 must be billed with modifiers -LT (left side), -RT (right side) or both. Also, a certificate of medical necessity must be submitted to the local Medi-Cal field office when requesting prior authorization for therapeutic diabetic shoes, inserts or modifications. The name of the certification form has been changed to *Statement of the Certifying Physician for Therapeutic Diabetic Shoes* and the form has been modified.

Shoe insert codes and/or two shoes billed for the same date of service will be reimbursed in pairs only, one with modifier -LT and one with modifier -RT.

Providers whose claims for multiple pairs of shoes or inserts were denied for dates of service on or after April 1, 2006 can file a *Claims Inquiry Form* (CIF).

The updated information is reflected on manual replacement pages ortho 14 (Part 2) and the Statement of the Certifying Physician for Therapeutic Diabetic Shoes form (Part 2).

Rate Adjustments for Selected DME and Prosthetic Codes

Wheelchair cushion codes E2601 and elbow socket prosthesis codes L6694 – L6698 became Medi-Cal benefits for dates of service on or after November 1, 2005. Medicare's 2006 3rd Quarter Fee Schedule Update has adjusted reimbursements retroactively for these codes. In accordance with *Welfare and Institutions Code*, the Medi-Cal rates are adjusted accordingly.

The wheelchair cushion code reimbursement rates are effective retroactively for dates of service on or after January 1, 2006, and the elbow socket prosthetic code rates are retroactive to November 1, 2005, the date the codes became Medi-Cal benefits. Previously paid claims will not be reprocessed at this time.

The adjusted rates are as follows:

HCPCS Code	Adjusted Rental Rate	Adjusted Purchase Rate
E2601	$6.13	$61.16
E2602	$11.94	$119.40
E2603	$15.17	$151.59
E2604	$18.83	$188.41
E2605	$26.93	$269.17
E2606	$42.01	$419.93
E2607	$28.99	$289.95
E2608	$34.80	$348.09
L6694	NA	$502.73
L6695	NA	$418.94
L6696	NA	$828.47
L6697	NA	$828.47
L6698	NA	$425.50

This updated information is reflected on manual replacement pages <u>dura cd 12</u> (Part 2) and <u>ortho cd2 15</u> (Part 2).

2006 CPT-4/HCPCS Updates: Implementation November 1, 2006

The 2006 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) National Level II codes will be effective for Medi-Cal for dates of service on or after November 1, 2006. The affected codes are listed below. Only those codes representing current or future Medi-Cal benefits are included. Please refer to the 2006 CPT-4 and HCPCS Level II code books for complete descriptions of these codes. Specific policy, billing information and manual replacement pages reflecting these changes will be released in a future *Medi-Cal Update.*

HCPCS Level II Code Additions

Durable Medical Equipment and Supplies
A4604, A9281, E0170, E0171, E0641, E0642, E0705, E0911, E0912, E1392, E2207 – E2215, E2218 – E2226, E2371, E2372, K0734 – K0737

Orthotic Procedures and Devices
L0491, L0492, L0621 – L0640, L0859, L2034, L2387, L3671 – L3673, L3702, L3763 – L3766, L3905, L3913, L3919, L3921, L3933, L3935, L3961, L3967, L3971, L3973, L3975 – L3978

Prosthetic Procedures and Appliances
A6513, A6542, A6544, L5703, L5858, L5971, L6621, L6677, L6883 – L6885, L7400 – L7405

HCPCS Level II Codes with Description Changes

Durable Medical Equipment and Supplies
A4632, A6550, A7032, A7033, A8033, E0240, E0463, E0464, E0637, E0638, E0935, E0971, E1038, E1039, K0669

Orthotic Procedures and Devices
L1832, L1843 – L1846, L2036 – L2038, L2405, L3215 – L3217, L3219, L3221, L3222, L3230, L3906, L3923, L8010

HCPCS Level II Code Deletions

Durable Medical Equipment
A6551, E0972, E1019, E1021, E1025 – E1027, K0064, K0066 – K0068, K0074 – K0076, K0078, K0102, K0104, K0106, K0452

Orthotic Procedures and Devices
K0619, K0630 – K0649, L0860, L1750, L2039, L3963

Prosthetic Procedures and Appliances
L8210, L8230

CCS Service Code Groupings (SCG) Update

Retroactive for dates of service on or after July 1, 2004, a number of codes are added to the California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03 and 07.

In addition, code 99359 is end-dated for dates of service on or after July 1, 2006.

Reminder: SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same "rules" apply to end-dated codes.

The updated information is reflected on manual replacement pages cal child ser 5, 12 and 15 (Part 2).

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Remove and replace: cal child ser 5/6, 11/12, 15/16
dura cd 11/12
medi non hcp 1/2 *
ortho 13/14

Remove after the
Orthotic and Prosthetic
Appliances section: *Clinician Certification of Medical Necessity for Therapeutic Shoes*

Replace with: *Statement of the Certifying Physician for Therapeutic Diabetic Shoes*

Remove and replace: ortho cd2 15/16

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* Pages updated due to ongoing provider manual revisions.